

# Correspondence

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*The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgment before publication.*

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## More on Estrogen

TO THE EDITOR: I am a private practitioner of medicine who does not have the time or the inclination to do research or even statistical studies. However, I would still like to add my two cents worth to the postmenopausal estrogen controversy which was again presented in two separate letters to the editor by Doctors Stephen Brown and Gilbert Gordan in the February 1977 issue of the *WESTERN JOURNAL* [West J Med 126:151-155, Feb 1977]. Although I have not done any statistical analyses or investigative studies, I would like to suggest as food for thought to my investigative medical colleagues the following questions and observation:

1. Is the diagnosis of endometrial carcinoma discovered earlier in those women receiving estrogen therapy?

2. Is the outcome better in those women who have been receiving estrogen therapy?

3. It has been my unresearched observation in my small private series that 100 percent of my patients in whom ovarian carcinoma has developed have received no estrogen therapy. Conversely, I have seen no cases of ovarian carcinoma in my patients who have had long-term estrogen therapy. Is this purely chance or has this been studied and if it has not, should it not be studied? If my original observation is true then if one had one's druthers, certainly it would be better to take estrogen with the risk of endometrial carcinoma developing or at least of lighting it up than taking the risk of not preventing or at least suppressing ovarian carcinoma.

4. Since the disadvantages of estrogen therapy for menopausal women have been developed from statistical analyses, possibly statistical analyses involving all of the measurements of the effects of estrogen might demonstrate quite graphically

that estrogen therapy for all or at least for carefully selected women might—both from a morbidity and mortality standpoint, in addition to patient well-being—prove to be beneficial.

5. Possibly total hysterectomy in carefully selected women might increase the benefits of estrogen therapy while eliminating some of its problems.

6. Finally, it would be extremely helpful to private practitioners if academicians and medical centers would provide the medical community as well as the lay press with not only the detriments of estrogen therapy but also its advantages and alternatives. At present, we are left in the uncomfortable position of facing patients who have thrown away their estrogen medications on the strength of the negative published reports yet return to our offices seeking other treatment, which is not available.

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## Controversy Over Nursing

TO THE EDITOR: Is that fine, long marriage of the medical and nursing professions headed for the rocks? The winds of discord and discontent have been blowing here in the hills of Idaho.

There have been hints of trouble for some time, but what brought it all to the surface was a newspaper article in which a physician-member of the State Board of Education blasted our two-year nursing schools, asserting that they graduated inadequately trained students. That brought some angry cries of protest.

The Idaho Hospital Association followed with a position paper claiming, among other things, that hospitals are finding it necessary to provide extensive clinical training before these newly graduated nurses can function safely and efficiently. That added to the ill feeling.